								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								19722356						
						SMALI mn 2) TYPE		. EN	NTITY	OR	OTHER SMALL			
TOTAL CLAIMS			S					RATE		FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			4 minus 20=		. 0			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		· 0			X40=			OR	X80=		
MULTIPLE DEPENDENT CLAIM PI			RESENT					+135=			OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	1	TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II									_	1		OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMAL	L E	NTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=	=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=			OR	X80=		
	FIRST PRESE	ILTIPLE DEPENDENT		CLAIM	CLAIM		+135=			OR	+270=			
	TOT ALIANIE CO								AL		ام	TOTAL		
	(Column 1) BEST AVAILABLE CO											ADDIT. FEE		
_		CLAIMS		HIGH	EST		1 г	<u> </u>	1	ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	CLAIM	[=	\prod	X40=			OR	X80=		
	FIRST PRESE	INTATION OF MIC	DETTI CE DET ENDEN		CLAIW		ן י	+135=	.		OR	+270=	•	
							L	TOTA			OR	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=	l t	X40=	\forall		OR	X80=		
Ľ	FIRST PRESE	JLTIPLE DEPENDENT		CLAIM		+135=		╅	_					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+270=		
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE			
		ber Previously Pai					er fou	nd in the	арр	ropriate box	in col	umn 1.		